Alberta Health Facilities Review Committee

"Capturing the Patient/Resident Experience"

Annual Report 2010 – 2011

April 1, 2010 to March 31, 2011

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Letter to the Minister of Alberta Health and Wellness

October 19, 2011

Fred Horne
Minister, Health and Wellness
208 Legislature Building
Edmonton, Alberta
T5K 2B6

Dear Mr. Horne:

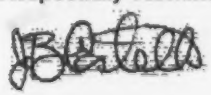
It is my pleasure to present the Annual Report of the Alberta Health Facilities Review Committee in accordance with section 16(1) of the Health Facilities Review Committee Act. This report summarizes activities for the April 1, 2010 to March 31, 2011 fiscal period.

On behalf of the Committee, I would like to thank Ms. Grace Brittain for her service to the Committee and Ms. Karen Froberg for serving as Executive Director during the fiscal year. I would also like to welcome the Committee's new ministerial liaison, Peter Sandhu, the Committee's new Executive Director, Anita L. Sieben, and new Committee members Marlene Pedrick, Brian Popp and Nada Chelvam.

At the time of writing, the recruitment for three new members is under way. Two of the impending vacancies are Mrs. Dorothy Patry and I, both of whom have served for ten continuous years. On behalf of Dorothy and myself, I would like to say that it has been a privilege to serve on this Committee, and to the members of the Committee, our wish for their continued valuable contribution in reporting on the quality of care in Alberta's health care system.

I would like to acknowledge and express my appreciation to all Committee members and staff for their extensive work and dedication, and to all staff at the facilities that were reviewed.

Respectfully submitted,



Barry Costello
Chair

Members of the Committee 2010 – 2011

Front Row: Velda Fulford (Vice Chair), Barry Costello (Chair), Anita L. Sieben (Executive Director)

Middle Row: Elsie Kinsey (Member), Dorothy Patry (Member), Ada Rawlins (Member), Marlene Pedrick (Member), Irene Sinclair (Administrative Assistant)

Back Row: Nada Chelvam (Member), Coreen Thacker (Member), Brian Popp (Member), Cliff Storvold (Member), Mary Rudko (Writer/Editor), Missing: Peter Sandhu (MLA)

Who We Are

The Alberta Health Facilities Review Committee was established in 1973. The Committee is an active participant in Alberta's health care system, as it reviews the provision of services and the delivery of programs in health care facilities.

The Committee consists of ten private citizens who possess varied backgrounds, expertise and work experience. The members on the Committee reside in urban and rural communities throughout Alberta. They serve on the Committee on a part-time basis and are not employees of the provincial government.

The Committee is assisted by an Executive Director, an administrative assistant and one writer.

Our Mission

The mission of the Alberta Health Facilities Review Committee is to report to the Minister of Health and Wellness on the quality of care, treatment, and standards of accommodation in health care facilities throughout Alberta.

The Committee provides Albertans with a group of citizens to whom they may address their concerns relating to health care facilities in the province. The Committee acknowledges the importance of preserving the dignity and confidentiality of the individuals within the facilities it reviews. The Committee's responsibilities involve conducting routine reviews of health care facilities, investigating complaints made by or on behalf of patients or residents, and following up on referrals from the Minister, as set out in the *Health Facilities Review Committee Act*.

What We Do

The Committee's main activities include unannounced routine reviews of facilities, complaint investigations, and regular and ad hoc Committee meetings.

The Committee also maintains ongoing communication with key stakeholder groups including Alberta Health Services, Alberta Health and Wellness, various health care and professional associations, operators and owners of health care facilities, and, of course, patients, residents and families.

The scope of activities and mandate of the Committee are established by the *Health Facilities Review Committee Act*.

Overview

The Committee's objective is to gather information and report on the care and quality of life for patients and residents in Alberta's acute care, long-term care, combined acute/long-term care facilities and cancer centres.

The Committee believes that the highest level of care is delivered when all persons working in a facility cooperate and focus their energy on the patient or resident. The Committee believes in communication and cooperation that balance consumer choice and responsibility with the resources of health care providers. The Committee encourages discussion about operations and services within Alberta's health care facilities.

Routine Review Activity

A routine review is an unannounced visit to any one of the 226 facilities that fall under the Alberta Health Facilities Review Committee's mandate. The intent of each review is to speak with as many patients and/or residents and their family members as possible in order to get a snapshot of what patient/resident care, treatment and satisfaction is like. Over the course of the 2010-2011 fiscal year, members of the Committee spoke with over 1500 patients, almost 2400 residents, more than 1500 family members and visitors, and close to 2700 staff members and volunteers.

While conducting routine reviews, members work in teams of two or more, depending on the size of the facility. To assure uniformity of reviews, the Committee has developed guidelines that provide each of the reviewing members with direction and resources.

During a review, members encourage open and frank discussion with patients and/or residents concerning facility operations in the context of patient/resident care and satisfaction, medication administration, staff attitudes and morale, rehabilitation and recreational programs, dietary services, safety, security, general environment or atmosphere and general physical conditions. Reviews do not extend into technical and specialized areas such as operating room procedures or diagnostic services.

Discussions often elicit commments on both the positive and negative aspects of the care received at the facility. In the case of negative feedback, where the concerns fall within Committee's mandate, members may make recommendations for the facility to follow up.

Upon conclusion of a review, members provide a candid verbal summary of their findings and their concerns, along with any recommendations they intend to make, to facility management. If members believe that a concern exists, which poses a high risk for serious harm to the patients/residents of a facility, they will also notify the Executive Director of the Committee, who then follows a process to evaluate the risk and notify the appropriate external authorities for immediate follow-up action.

After meeting with facility management, members prepare a written report of their findings and submit their recommendations to the Committee for discussion.

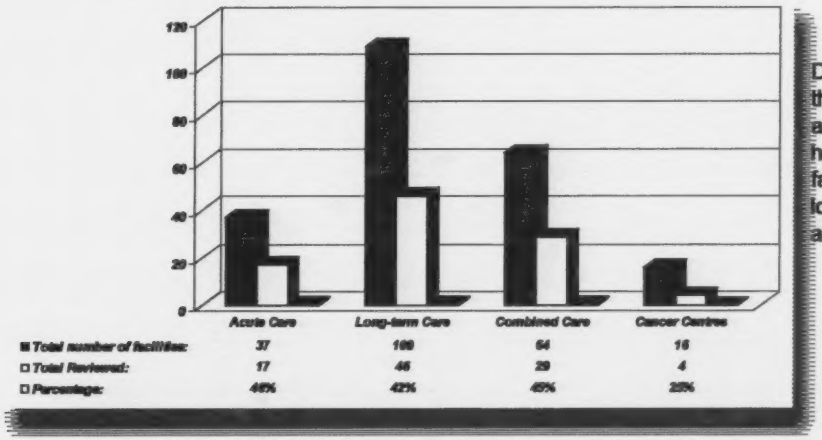
The Committee sends all completed reports to the Minister of Alberta Health and Wellness, Alberta Health Services and the facility's administrator. In the case of privately owned facilities, the Committee also provides a joint letter to the owner/operator. Copies of reports that include information about long-term care are shared with the Ministry of Alberta Seniors and Community Supports.

Once a report goes out with recommendations, the Committee requests that the facility respond within 60 days. Occasionally the Committee will conduct follow-up reviews to monitor progress in resolving concerns and implementing recommendations.

All reports are available to the public through the Alberta Health and Wellness library.

Observations in Patient and Resident Care

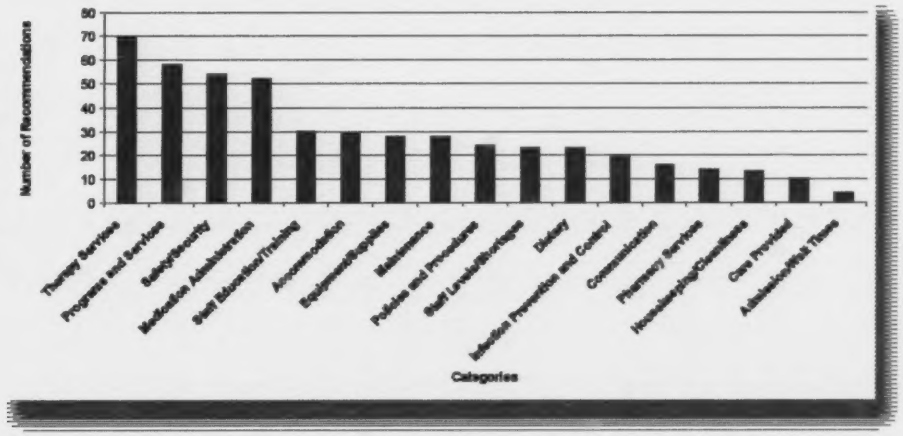
Number of reviews conducted from April 1, 2010 to March 31, 2011



During the past fiscal year, the Committee reviewed a total of 96 acute care hospitals, long-term care facilities, combined acute/ long-term care facilities and cancer centres.

Notable numbers of recommendations made between April 1, 2010 to March 31, 2011

The Committee tracks the number of recommendations it makes for all facilities over the course of each year.



Acute Care

The observations made in this section provide an overview of the care patients received in the 17 acute care facilities reviewed between April 2010 and March 2011. The examples below illustrate what members were seeing and hearing on a day-to-day basis while they conduct their reviews. Members made 113 new recommendations and followed up on 22 unresolved (repeat) recommendations from previous reviews.

While conducting routine reviews, members made the following general observations:

- Staff consistently providing exceptional levels of care to patients
- With some exceptions, there appear to be good educational opportunities for staff to participate in as a means to enhancing patient care
- Difficulties recruiting staff to rural areas
- Significant wait times in three emergency departments
- Social work services are required at a number of facilities
- Some lax practices in terms of medication administration, separation of clean and dirty linens in laundry services, and utility rooms being left unlocked
- A need for recreational activities for patients awaiting placement in long-term care
- A need to provide additional space to patients, family members and staff for private discussions as well as to ensure patient dignity.

Committee members spend a large portion of their time while on routine reviews talking with patients, their family members and staff. Based on these discussions, some of the comments are as follows:

- Despite perceived staff shortages in some facilities, the care and cleanliness at most facilities is excellent
- On a number of reviews, the physician and care team shared information in a timely manner
- In facilities offering pediatric and neonatal services, parents were generally satisfied with the level of care provided to their children
- On multiple reviews, patients and staff said there was a need for additional therapy services; however, in facilities that offered these services, patients were generally satisfied
- With the exception of one review where patients expressed dissatisfaction, there was a general acceptance regarding wait times in emergency departments
- Patients were satisfied with the food being offered; however, there were multiple negative comments from patients in one facility regarding the Alberta Health Services 21-day menu
- Staff expressed dissatisfaction and confusion regarding the transition from regional zones to Alberta Health Services.

Long-term Care

During the April 2010 to March 2011 period, Committe members reviewed 75 long-term care and combined acute/long-term care facilities. They made a total of 286 recommendations and followed up on 46 repeat recommendations.

Members recognize that over the past few years, Alberta has been undergoing a gradual shift to more individualized and community care that provides alternatives to lengthy institutional care.

Committee members also recognize two significant challenges facing health care providers in long-term care.

The first is responding to the increasing levels of acuity in the residents of long-term care facilities and the expectations of the residents, their family members and their communities.

The second is providing quality care and services more efficiently and effectively within the resources currently available.

While conducting routine reviews and complaint investigations in long-term care facilities throughout the year, Committee members observed that cognitive impairments in resident populations often makes it difficult for them to provide meaningful feedback regarding their care and quality of life.

However, members speak with as many residents as possible, observe others and often rely on feedback from family members and friends.

Feedback gathered over the past year from those residents whose congnitive abilities are relatively intact and their family members indicated that:

- In a number of facilities, residents or their family members expressed a need for more rehabilitative services such as physiotherapy and occupational therapy.

- Residents in some facilities said that they would appreciate more recreation therapy and better ways to occupy their time. Many family members felt that more recreational activities would contribute to a better quality of life.

- Family members of residents who experienced falls appeared receptive to policies of least restraint. However, some family members worried about the safety of such policies.

- Facilities continued to provide systems to prevent resident elopement and cognitive support units that create secure environments for residents with cognitive impairment or special behavioural needs.

- There were many comments on the food services. While many of the residents and their family members were complimentary of the services, a number of them were critical of the menu selections and the temperatures at which the foods were served.

- Members observed that while many of the older facilities throughout the province are undergoing or have undergone renovations, the residents' rooms in some facilities remain relatively small, with little space for residents' personal or comfort items.

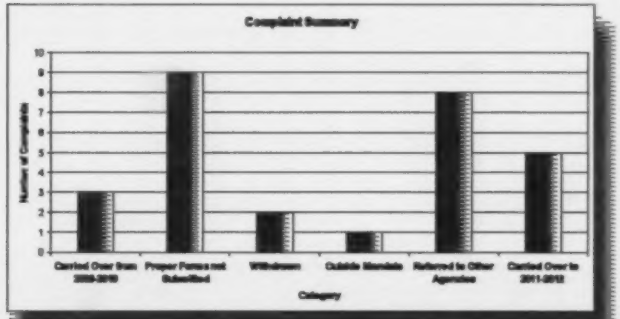
Complaint Investigation Activity

The Committee conducts investigations in response to complaints made by or on behalf of patients or residents in acute care hospitals, long-term care facilities, combined acute/long-term facilites and cancer centres.

Complaints may be filed about any aspect of patient/resident care, safety or satisfaction. Persons initiating a complaint may contact the Committee by phone, mail, or in person at the Alberta Health Facilities Review Committee office.

Of the 25 complaint related inquiries the Alberta Health Facilities Review Committee office received, eight were referred to other authorities; nine were incomplete because the complainants did not respond with the necessary documentation; two were withdrawn; one was not within the Committee mandate; and five resulted in complaint investigations that carried over into the next fiscal year. Committee members were also investigating three complaints that had been carried over from the previous fiscal year.

The Committee operates on the principle that open communication is the best tool for resolving conflicts.



It is important to help parties understand the nature of a problem and expectations or limitations that may affect the resolution. Once there is a clear understanding of issues and viewpoints, the shared task of problem resolution becomes possible. Committee members believe that problem resolution is the shared responsibility of facility users and providers, and encourages all parties involved in a conflict to assume joint responsibility for problem solving.

Complainants are encouraged to attempt resolution by contacting the facility directly. If this fails, the complainant is offered a choice to pursue resolution through the Alberta Health Services Patient Relations Department or through the Alberta Health Facilities Review Committee investigative process. If the complainant's concerns are not resolved through the Patient Concerns Department or if the complainant opts for a Committee investigation (and the concerns fall within the Committee's legislated mandate), the Committee will investigate.

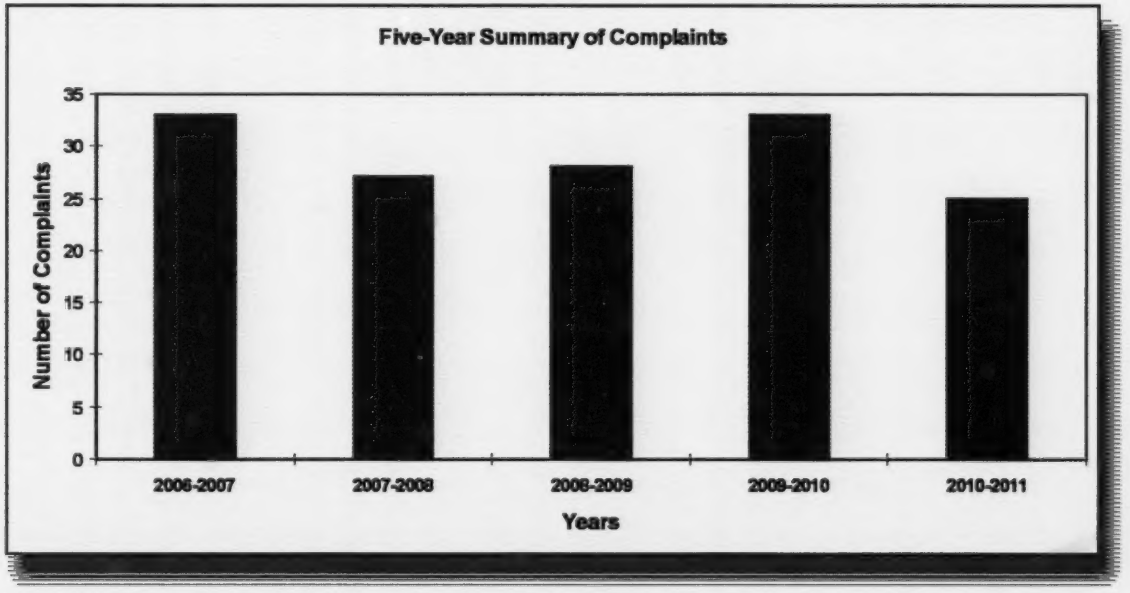
All complainants must complete and sign a Complaint Form and an Authorization to Disclose Health Information form. Authorization to review the patient/resident's health records and discuss their care with facility staff enables the members to conduct a thorough investigation. The Executive Director reviews the complaint forms and accompanying documentation, and a decision is made as to whether the complaint falls within the Committee's mandate. If the complaint is outside the Committee's mandate, the complainant is referred to the appropriate authority.

The Committee cannot investigate complaints about physician conduct, medical decisions, or the conduct of other professionals (such as nurses) who are regulated their own professional associations. Persons registering these types of complaints are referred to the appropriate organization. Complaints relating specifically to abuse are referred to Protection for Persons in Care.

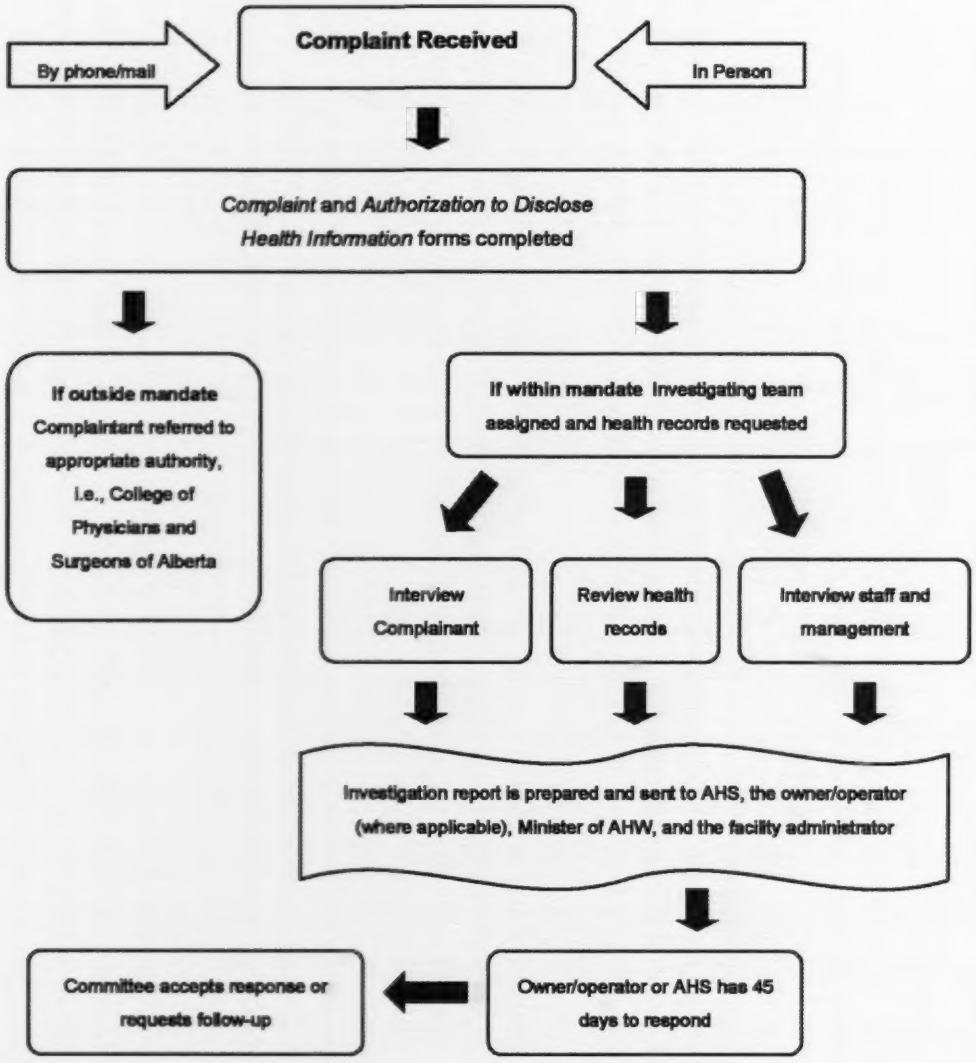
Complaints that fall within the Committee's mandate are investigated by a team of Committee members who review all pertinent health information, interview the complainant, and arrange interviews with relevant facility personnel.

Investigations may result in recommendations to the facility that are intended to increase the welfare and comfort of the patients and residents.

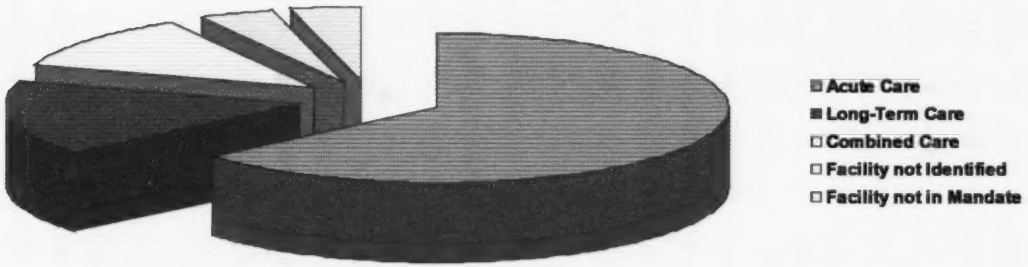
Copies of the investigation report are sent to the complainant, the Minister of Alberta Health and Wellness, Alberta Health Services, the administration of the facility, and where applicable, to owner/operators of non-profit or private organizations.



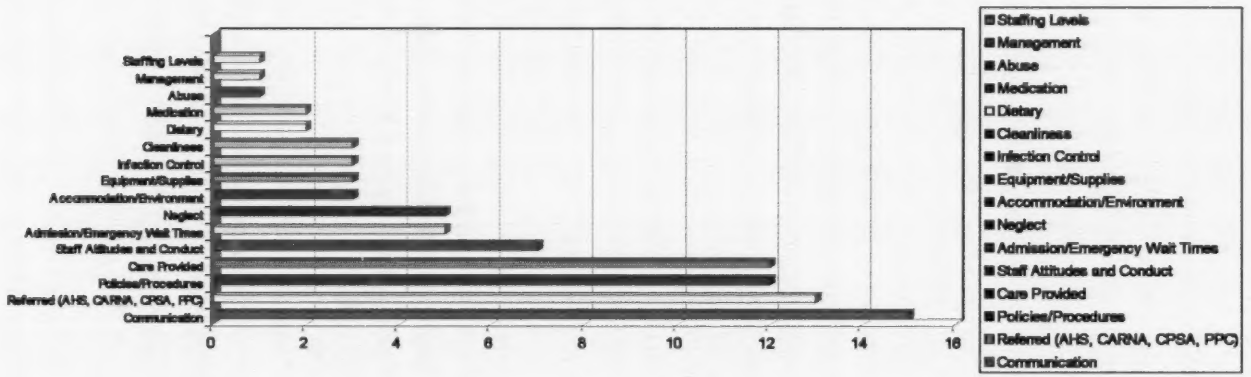
Determining Complaint Jurisdiction Process


By phone/mail
Complaint Received
In Person
Complaint and *Authorization to Disclose Health Information* forms completed
If outside mandate Complainant referred to appropriate authority, i.e., College of Physicians and Surgeons of Alberta
If within mandate Investigating team assigned and health records requested
Interview Complainant
Review health records
Interview staff and management
Investigation report is prepared and sent to AHS, the owner/operator (where applicable), Minister of AHW, and the facility administrator
Owner/operator or AHS has 45 days to respond
Committee accepts response or requests follow-up

Types of Facilities Identified in Complaints



Nature of Complaints Received



2010 – 2011 Accomplishments

During the 2010 – 2011 fiscal year, the Minister of Alberta Health and Wellness appointed MLA Peter Sandhu as a member and liaison for the Committee. Also during the fiscal year, the Minister requested that Dr. Andre Corriveau, Chief Medical Officer of Health, Alberta Health and Wellness undertake a review of the workings of the Committee. Dr. Corriveau compiled a report of his findings, indicating an increasing need for the Committee to strengthen its focus on the patient experience in acute care centres.

In support of this renewed focus on patient care, the Committee has increased the frequency of reviews of acute care facilities. The frequency for reviewing combined acute/ long-term care facilities remained the same, and the frequency of long-term care facility reviews was decreased. The deadline for Alberta Health Services responses to recommendations was reduced from 90 to 60 days.

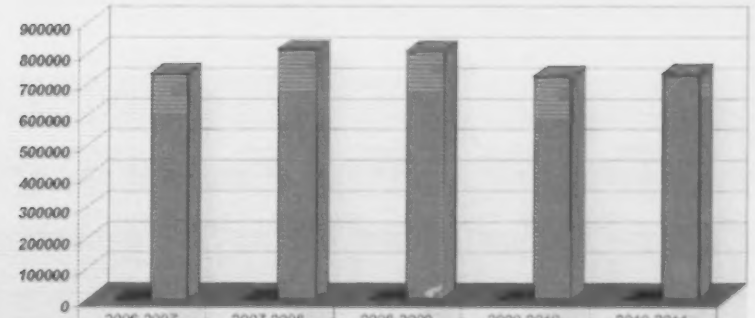
Due to an increasing number of regulatory groups monitoring health facilities in the province, which resulted in facilities suffering from audit fatigue, the Committee and its Executive Director have undertaken a process to reduce overlap in the routine review process. To increase safety for patients and residents across the province, the Committee and its Executive Director implemented a process to notify facilities and external authorities of facilties where members observations revealed situations constituting a potential for serious harm to the patients/residents. The process ensures that all relevant parties are notified for immediate follow-up action.

To gain further insight into the current operation and delivery of health services within the province, the Committee invited a number of guests to join their meetings. Representatives from Alberta Health Services province-wide Protective Services program were invited to provide insight into this new initiative. Health compliance officers with Health Standards Management, Alberta Health and Wellness provided a presentation to the Committee that outlined their process for reviewing facilities within the province. The Patient Concerns Officer for the Patient Relations Department with Alberta Health Services presented a summary of the responsibilities and processes of that department.

Committee Members also took part in a Wordsmith Workshop to update their skills in report writing. AHFRC brochures and posters were updated, produced and delivered to the offices of Alberta Health Services for dissemination to provincial health facilities where they are displayed and provided to patients and residents.

Expenditures

HFRC Annual Expenditures



	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
Total Number of Facilities Reviewed:	98	95	97	88	96
Total HFRC Expenditures:	$732,371	$812,974	$808,447	$725,333	$734,477

For Further Information

For additional copies of this document or further information about the Alberta Health Facilities Review Committee, contact:

Alberta Health Facilities Review Committee
590 First Edmonton Place
10665 Jasper Avenue NW
Edmonton AB T5J 3S9

Telephone: (780) 427-4924
Fax: (780) 427-0806

Information about the Committee and copies of previous Annual Reports may also be obtained at:
www.health.alberta.ca/about/hfrc.html

The Committee's office can be contacted toll-free from anywhere in Alberta by dialling the Government of Alberta RITE operator at 310-0000 or by calling collect. Members of the public are encouraged to call, write to the Committee, or visit the office.

Copies of the Health Facilities Review Committee Act are available from:

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